

Statement of Payments

Please be mindful to carefully follow the instructions as y document on time, the Division may not be able to initial	
Division Case Number:	
Custodial Parent Name:	Noncustodial Parent Name:
I am the: ☐ Custodial Parent ☐ Noncustodial Parent	t
I have: ☐ An administrative support order for child support ☐ A court order for child support ☐ A court order for child support and spousal support	
I $\ \square$ have or I $\ \square$ have not received Temporary Assistance for provide the name of the agency and time period below:	Needy Families (TANF). If you have received TANF, please
Agency Name, City and State	Time Period
Please check all options below that apply to you. If more than of check. You must read and sign the certification on the last page. Custodial Parent: I have never received any child support payments. (Completed in I have received child support payments from a child supported in I have received child supported in I have never paid any child supported in I have paid child supported in	te Section A) t agency or court. (Complete Section B) support company. (Complete Section C) oncustodial parent. (Complete Section D) ection A) agency or court. (Complete Section B) support company. (Complete Section C)
Section A	
	and/or spousal support payments through any source, check the return to the Division. (You do not need to complete Sections B-
☐ I have not received or paid any child support payments and court or private child support company. I have never received support directly to the custodial parent.	or spousal support payments through a child support agency, support directly from the noncustodial parent. I have never paid
Section B	



If you have ever received or paid child support and/or spousal support payments through a child support agency or court,

If you have a copy of the contract and/or payment history, please provide that information to the Division. We may contact you for additional documents and information.

☐ I am attaching a copy of the contract.☐ I am attaching a copy of the payment history.

Section D

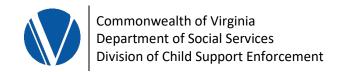
☐ I have a copy of the contract I signed.

☐ I have a copy of a payment history from this company.☐ I still have services or am under contract to this company.

If you are the custodial parent and have ever received any child support and/or spousal support payments directly from the noncustodial parent or if you are the noncustodial parent and you have ever made child support and/or spousal payments directly to the custodial parent, fill in this section. Read the instructions below before you fill out this section. Complete the following tables to show the month and year that you received or made direct payments. Failure to complete this form correctly could delay enforcement actions.

Instructions: Start with the first month and year you were entitled to receive support or pay support and continue through to the current month and year. Tables should contain only direct payments from the noncustodial parent to the custodial parent. For any month support was due and payment was not made, enter \$0.

Example: You have an order for child support. The noncustodial parent was ordered to pay \$300 per month in child support (no spousal support) starting March 1, 2010.



Year:	Child	Spousal /
2010	Support	Alimony
Jan	N/A	N/A
Feb	N/A	
Mar	300.00	
Apr	300.00	
May	0.00	
Jun	150.00	
Jul	275.00	
Aug	300.00	
Sep	300.00	
Oct	225.00	
Nov	300.00	
Dec	300.00	

List all payments that were received/paid directly from	m to	٠.

Year:	Child	Spousal /	Year:	Child	Spousal /	Year:	Child	Spousal /
	Support	Alimony		Support	Alimony		Support	Alimony
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
Jun			Jun			Jun		
Jul			Jul			Jul		
Aug			Aug			Aug		
Sep			Sep			Sep		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		

	_							_
Year:	Child	Spousal /	Year:	Child	Spousal /	Year:	Child	Spousal /
	Support	Alimony		Support	Alimony		Support	Alimony
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
Jun			Jun			Jun		
Jul			Jul			Jul		
Aug			Aug			Aug		
Sep			Sep			Sep		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		

PO BOX 28450 RICHMOND, VA 23228-8450 http://www.dss.virginia.gov/family/dcse/ 1-800-468-8894

Year:	Child	Spousal /	Year:	Child	Spousal /	Year:	Child	Spousal /
	Support	Alimony		Support	Alimony		Support	Alimony
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
Jun			Jun			Jun		
Jul			Jul			Jul		
Aug			Aug			Aug		
Sep			Sep			Sep		
Oct			Oct			Oct		
Nov			Nov			Nov		
			Dec			Dec		
Dec			bee					
Dec			bee					
Dec Year:	Child	Spousal /	Year:	Child	Spousal /	Year:	Child	Spousal /
Year:	Child Support	Spousal / Alimony	Year:	Child Support	Spousal / Alimony	Year:	Child Support	Spousal / Alimony
Year: Jan			Year: Jan			Year: 		
Year: Jan Feb			Year: ————————————————————————————————————			Year: ————————————————————————————————————		
Year: Jan Feb Mar			Year: ————————————————————————————————————			Year: ————————————————————————————————————		
Year: Jan Feb			Year: Jan Feb Mar Apr			Year: ————————————————————————————————————		
Year: Jan Feb Mar			Year: ————————————————————————————————————			Year: ————————————————————————————————————		
Year: Jan Feb Mar Apr			Year: Jan Feb Mar Apr			Year: Jan Feb Mar Apr		
Year: Jan Feb Mar Apr May			Year: Jan Feb Mar Apr May			Year: Jan Feb Mar Apr May		
Year: Jan Feb Mar Apr May Jun			Year: Jan Feb Mar Apr May Jun			Year: Jan Feb Mar Apr May Jun		
Jan Feb Mar Apr May Jun Jul			Year: Jan Feb Mar Apr May Jun Jul			Year: Jan Feb Mar Apr May Jun Jul		
Year: Jan Feb Mar Apr May Jun Jul Aug			Year: Jan Feb Mar Apr May Jun Jul Aug			Year: Jan Feb Mar Apr May Jun Jul Aug		
Year: Jan Feb Mar Apr May Jun Jul Aug Sep			Year: Jan Feb Mar Apr May Jun Jul Aug Sep			Year: Jan Feb Mar Apr May Jun Jul Aug Sep		

Certification: I hereby certify under penalty of perjury that all info of my knowledge and belief.	rmation I provided in this document is true and correct to the best
Signature	DATE